## PART B - FEE(S) TRANSMITTAL

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indicated unless correct maintenance fee notifica	ted below or directed of	ng the herwise	in Block 1, by (	a) specifying a new corre	spondence address	, and/o	r (b) indicating a sepa	rate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.			
23838	7590 08/2	1/2008						
KENYON & KENYON LLP 1500 K STREET N.W. SUITE 700					Certificate of Mailing or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
WASHINGTON	N, DC 20005			Г				(Depositor's name)
								(Signature)
								(Date)
APPLICATION NO.	LICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/519,573	10/519.573 12/30/2004			Masahiko Mitsui	77792/46 8973			
TITLE OF INVENTION	: BATTERY STATE-O	F-CHA	RGE ESTIMATO					
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	DUE PREV. PAID ISSU		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1440	\$300	\$0		\$1740	11/21/2008
EXAMINER			ART UNIT	CLASS-SUBCLASS				
PIGGUSH, AARON C			2838	320-134000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.				
				THE PATENT (print or ty				
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Com	ified be	low, no assignee of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assign assignment.	ee is ic	dentified below, the de	seument has been filed for
(A) NAME OF ASSI		RESIDENCE: (CITY and STATE OR COUNTRY)						
TOYOTA JI	DOSHA KABUSHI	KI K	AISHA	Toyota-shi,	Japan			
Please check the appropr	riate assignee eategory or	catego	ries (will not be pr	inted on the patent) :	Individual 🖺 Co	orporati	on or other private gro	up entity Government
4a. The following fee(s)	are submitted:		41	. Payment of Fee(s): (Plea	ise first reapply a	y prev	iously paid issue fee s	hown above)
XI Issue Fee	Co. 10 (5) 400 (6)		D.	A check is enclosed.	1.E BTO 2020			
	No small entity discount   # of Copies 5_ (F:	a)		☐ Payment by credit card. Form PTO-2038 is attached.  ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).  ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).  ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).  ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).  ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).  ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).  ☐ The Director is hereby authorized the required fec(s) and the required fec(s) are the required				
				overpayment, to Depo	sit Account Numb	<sup>3</sup> 11	-0600 (enclose an	extra copy of this form).
5. Change in Entity Sta	tus (from status indicate is SMALL ENTITY state			☐ b. Applicant is no lon	ger claiming SMAI	LENT	FITY status See 37 CF	R 1 27(a)(2)
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Authorized Signature	/Daniel G.	Shar	ıley/		Date 2:	2 Se	p. 2008	
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